IMMIGRATION AND HEALTH

August 12, 2003

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Introduction

Understanding migration as a family strategy to deal with poverty should be viewed in light of important structural changes in the Mexican landscape, especially small villages, where opportunities for local investment through remittances are eroding after the implementation of NAFTA

Leading scholars in the fields of health care policy and aging research took part in a roundtable entitled "Aging in the Americas: Critical Social Policy Issues" on February 16, 2001 at The University of Texas at Austin. Co-sponsored by the LBJ School of Public Affairs Janet F. Harte Lectureship in Population Issues, the conference brought together experts with unique perspectives on the problems and challenges of supporting the health and welfare of older people. Participants explored the consequences of changing population processes, including migration, on the economic dependency of Hispanic individuals. They provided much needed information on the numerous factors that affect the economic security of families in the United States and Mexico as they face the burdens of caring for children and the elderly. What follows is a brief summary of the major issues and themes related to the formulation of old-age policies in the Western Hemisphere that recurred throughout the presentations.

"By 2025, at least one-fifth of the population in 15 countries in the Western Hemisphere is likely to be age 60 and over."
Kevin Kinsella

In recent years, the topic of living and care arrangements has gained considerable attention among demographers. As researchers note, in the United States although dependent elderly can purchase home health care, the vast burden still falls on family members. Yet the willingness and ability of family to take on this burden is, as yet, unknown. How is caregiving affected by decreasing fertility, family mobility, and international migration trends, especially in Mexico which has experienced substantial migratory out-flows of adult children? In Latin America, the primary assumption of policy makers is that family will provide the eldercare.

Formal care has often not been available, and current social changes such as family disruption, childlessness, and extreme poverty have led to tragic cases of elderly persons who have no care at all. Although many people still view the family as the primary source of care, it is clear that investigators need to examine the interplay of all possible sources of care, e.g. family, market, state, community, and with an eye towards assessing the proper roles of family and society.

According to the U.S. National Long-term Care Survey, wives, daughters, and daughters-in-law provide the bulk of long-term care for older people. Roughly, eighty percent of caregivers are women; 41

percent spend more than forty hours a week providing care, yet 90 percent of those people worked outside the home for pay.

The NLTCS estimates that between one-third and one-half of caregivers are employed outside the home. Members of what has been termed the "sandwich generation," have competing demands of rearing children and caring for aging parents: between 20 and 40 percent of caregivers have children under age 18 in addition to a disabled relative. The average woman can expect to spend 17 years caring for a child and 18 years caring for an elderly parent. On average, caregivers provide personal assistance and household maintenance chores for 12 hours per week per parent. Twenty-five percent provide care for eight hours or less, while two-thirds provide help for 21 hours or more care. Over ten percent provide constant care.

Providing care to an older person or family member can negatively affect a caregiver's health and well-being depending on the caregiver's own support system. What the literature emphasizes, however, is that caregivers often rely on a "convoy of support," as many rely on both formal and other family members and friends to cope with the role strain associated with caregiving. While family provides a great deal of instrumental support to loved ones, increasing changes in family and household structure, female labor force participation, and an aging population will place enormous demands on future generations.

The individual papers presented by **Beth Soldo**, Boettner Professor of Financial Gerontology and Sociology and Director of the Population Aging Research Center at the University of Pennsylvania and **Douglas Wolf**, Gerald B. Cramer Professor of Aging Studies at Syracuse University Center for Policy Research, emphasize prominent themes in the "new" demography of aging, family, and care arrangements.

Beth Soldo, in her presentation entitled "Mexican Aging, Strategic Family Migration, and Long-term Care Security," describes The Mexican Health and Aging Survey (MHAS). The survey was motivated by the lack of comparative information between Mexican-born and U.S.-born Hispanic or non-Hispanic populations. This information gap undermines a complete understanding of unexpected health differentials in favor of foreign-born Hispanics.

Despite their lower levels of education and lower earnings, Mexican-born migrants experience lower morbidity and mortality than non-Hispanic Whites and native-born Hispanics. This "paradox" has been understood to be the result of an unobserved selectivity process. Many observers speculate that individuals who choose to migrate, and especially those who migrate internationally, have higher levels of health and human capital than short term migrants and those who choose not to migrate. Nevertheless, the magnitude or direction of the migration selectivity cannot be inferred only from U.S. migration data. Information from the sending communities is also necessary.

The study of the elderly population in sending communities provides information on the health profile of the people who do not migrate or who migrate and do not stay in the United States. Comparative studies with U.S. born residents of Mexican origin will then be possible. In addition, the rapid growth of the aged population in Mexico will increase the need for data to plan for changing health and socioeconomic needs.

As a result of the demand for this sort of data, the National Institute on Aging funded the 2001 Mexican Health and Aging Survey (MHAS). The MHAS is designed to collect data on Mexicans 60 years and over, on substantive fields of health status, health service, migration history, household economic measures, and community variables.

The investigators hypothesize that children whose parents invest more in education, health, and other social capital will be more likely to make financial transfers to their parents, while children who receive fewer opportunities will be more likely to make time-transfers to their parents. Parents with low levels of wealth or health will receive more cash or in-kind assistance than parents with greater resources. It is also expected that migration will affect the probabilities of making a transfer to parents as well as the relative size of the transfer. Because established networks on both sides of the U.S./Mexico border have made the migration process easier, researchers anticipate that families will not be as selective in choosing which family members should migrate and, because of a lack of selectivity current levels of health and education of Mexican-born individuals in the United States will decrease compared to earlier migrants.

Beth Soldo (right)

MHAS Project

The MHAS contains information on Mexicans born prior to 1951 who live in six important sending states. Key substantive areas to be addressed in the survey include:

- An evaluation of the distribution of disease status within the Mexican population cohorts prior to 1950;
- An evaluation of the effects on health status of migration and work histories, community characteristics, socioeconomic conditions and intergenerational transfers;
- A predictive model of two-year health transitions;
- An examination of how systems of intergenerational transfers affect health and wealth in a context of high migration and remittances; and
- A comparison of the health of the elderly population in Mexico with a comparable population of Mexican immigrants in the United States and second generation of Mexican Americans.

Bryan Roberts began his critique by asking how differences in human capital should be taken into account when the selectivity migration hypothesis is tested. Mexican migrants in the United States generally work in jobs that require more physical effort than migrants who move to another village or city within Mexico, in which literacy and other skills are more valuable. Such differences in human capital might be also accompanied with different profiles in health, education and socioeconomic characteristics.

As **Peter Ward** underscored, understanding migration as a family strategy to deal with poverty should be viewed in light of important structural changes in the Mexican landscape, especially small villages, where opportunities for local investment through remittances are eroding after the implementation of NAFTA. Migration should be understood not only as a strategy that produces benefits to the family as a whole, but as an event that occurs outside strategic family decision-making. Some movements, international or national, are motivated by personal or individual considerations rather than representing collective survival strategies. Whatever its shape (rural versus urban or urban versus

urban), migration is also a process that weakens the family ties by diminishing the number of family members.

Doug Wolf examines a set of issues that are situated at the intersection of demography, gerontology and public policy. His paper entitled "Everything is Relatives: Individual, Familial, and Collectives Roles in Elder Care," addresses the question of "Where, how, and why do we draw the line between what we expect people to do for themselves, what we do in families, and what we do collectively as a society?" Although long-term care by family members is influenced by culture, there may be large public benefits resulting from family care. Therefore, society could have a rationale for influencing individual, private decisions. Dr. Wolf uses this line of thought to pose issues related to eldercare and to prompt discussion. Specifically, the paper examines the transaction costs of family elder caregiving and discusses their implications for social policy.

Intergenerational relationships

Resource transfers can serve as an empirical means to examine relationship patterns. Transfers occur in two directions and include several types of exchanges. Exchanges transpiring between parents to adult children tend to include intervivos transfers, such as higher education (e.g., cash support, loans, and in-kind gifts), housing assistance (e.g., down payment assistance, which can allow purchase of a more expensive house at an earlier age) general financial aid, and child care. Dr. Wolf notes that roughly one-third of pre-school age children receive some form of care from their grandparents.

Although exchanges from adult children to elderly parents are less common than parent-to-child transfers, they include space (housing supports), e.g. co-residence and time, i.e., time spent "helping" or "caring for" others.

Employing data from the National Long-term Care Survey, Wolf describes the time commitment that adult children devote to aging parents, and how that time is mediated by family size, and the number of siblings involved in the caregiving roles. He analyzes three types of care patterns: (1) persons who receive care only from family, (2) individuals who receive only care from society, and (3) those who receive both informal and formal supports. His results show that:

"Unpaid elder care provided by family members creates a net positive externality for society…. policies that call for getting families out of the business of providing elder care seem wrongly directed."

Douglas Wolf

- family care comprises the majority of elder care;
- those who receive family care receive more total care than those who get formal care alone; and
- those who have more family members receive more care, and the number of family caregivers per elder is negatively related to the amount of care given per family member (reduced caregiver burden).

But will policies that discourage elderly from receiving formal care lead to a decrease in total care? **Kelly Raley** contends that when looking at the composition of the population providing informal care and controlling for spouses in multivariable regression models, there is a more complete substitution

effect between formal and informal care, implying that the spouses' role is dominant. She suggests that a longitudinal analysis, including changes in income level, as an approach that might help clarify the potential effect of increased formal care.

There are enormous societal benefits of family eldercare, or externalities, which include the delay or prevention of institutionalization, to individual family members of informal caregiving, especially for women. For this reason, Wolf calls for an expansion of gender-neutral public policies that reward caregivers in proportion to the time, energy, and money they put into raising their own children. Although Medicare benefits are supposed to be allocated without regard to availability of family support, the rate at which this care is sought may depend on family situations. He adds that further research must be undertaken to address the extent to which family supports are taken into account when care plans, and authorizations of formal services are determined. Care coordinators have substantial discretion with respect to service authorization, and the mix and volume of formal supports are often based on the stated availability and willingness of family members to provide services. For example, previous research suggests that Medicaid legislation potentially penalizes poor elderly Mexican Americans and others with large and involved families because states restrict access to those without any available kin or community support.

The unintended consequences on different subgroups of the population are not really neutral, however, and framing the inquiry to include "market" as well as "family" and "state" deserves scholarly inquiry commented **Ronald Angel.** With the aging of the "baby boom" generation, we are approaching the largest intergenerational transfer of wealth in history. The existence of very large estates in this context presents a great inequity. Data reveal, on balance, substantial income and average wealth disparities for non-Hispanic white, Hispanic, and black populations. The ratio of average income levels between non-Hispanic whites and the other groups is approximately 1.7:1, however, the ratio of the average levels of accumulated wealth are closer to 10:1. This fact has important implications for the collective welfare of entire groups.

Conclusion

Assessment of future changes in the ways we deliver elder care in the United States cries out for a reexamination of policy goals. Advocates have cited inadequacy, inequity, inefficiency, and anticipated demographic changes as some reasons for system reform. Policymakers throughout the Western Hemisphere will need to systematically analyze the rationales offered for proposed changes, and goal priorities to be accomplished. To that end, researchers can direct their efforts towards identifying and quantifying the societal costs and benefits of elders' loss in capacity to care for themselves. In both Mexico and the United States most elderly people live outside institutions designed specifically for their care. For emotional as well as for material support, informal sources that include kin, friends, and neighbors are vital supplements to the available formal support systems, especially in situations in which the formal support system is underdeveloped. Comparisons of how institutional and social factors influence the situation of elderly Mexican Americans in the United States to elderly Mexican nationals in Mexico will provide new insights in areas where health and social service coordination is needed for Hispanic families. This knowledge will help us craft policy innovations that would reward those who provide informal care to elders in proportion to the benefits that informal care provides to society.

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Acknowledgements

We are grateful to the following U.T.- Austin sponsors for their generous support, including the LBJ School of Public Affairs Janet F. Harte Lectureship in Population Issues, Population Research Center, Institute of Gerontology, Institute of Latin American Studies, Center for Health Promotion Research, and the Policy Research Institute- Urban Issues Program. Special thanks to the following graduate student recorders: Mike Faust (M.P.Aff, 2002); Jackie Fickel (Ph.D. Candidate, Public Policy), Leah Kegler (M.P.Aff., 2003) and Benjamin Nieto-Andrade (Ph.D. Student, Sociology) for their valuable assistance.